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TENACITY TAKES DIABETIC 1ST INFANTRY DIVISION CAREER COUNSELOR TO IRAQ; VIGILANCE KEEPS HIM THERE SAFELY

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FORWARD OPERATING BASE DANGER, TIKRIT, Iraq — While keeping cool in the desert's blazing heat is essential to keep troops here safe and healthy, it is truly a matter of life and death for Staff Sgt. Mark A. Thompson.



SPC SHERREE CASPER
Staff Sgt. Mark A. Thompson of V Corps' Headquarters and Headquarters Company, 1st Infantry Division, checks his insulin pump at Forward Operating Base Danger in Tikrit, Iraq. Thompson, afflicted with Type II diabetes, fought to deploy to Operation Iraqi Freedom despite the fact that his condition could be fatal in the extreme desert conditions.

That's because Thompson must keep his Mini Med 508 insulin pump at 86 degrees or below, a real trick when he's deployed to one of the hottest regions of the world.

Thompson, who suffers from Type I diabetes, receives a one-tenth unit dose of insulin from the \$5,000 pump every 10 minutes during the day.

At night the dosage is increased.

"The pump gives you a steady flow of insulin," he said.

A career counselor for V Corps' 1st Infantry Division, Thompson had to cut through mounds of red tape to earn the right to serve in Operation Iraqi Freedom.

First he had to convince his boss, Sgt. Maj. Scott Kuhar, the division's command career counselor, that he was up to the task and that his diabetes wouldn't hinder him in his mission. Then he had to get a blessing from from Lt. Col. Michael Brumage, the division surgeon before he was given the green light to deploy.

Thompson said he couldn't see himself as a career counselor trying to get Soldiers to re-enlist when he wouldn't be able to relate to their experiences while deployed or wearing a coveted combat patch on his uniform.

Before he could pack his duffel bags for Iraq, Thompson had to come up with contingency plans built on a worst-case scenario. Those plans called for a spare insulin pump and a three-week supply of bottled insulin with syringes for emergencies. Both measures were used when his original insulin pump broke just a few months into his deployment here.

"I have had to implement both of my contingency plans, and they have worked out well," Thompson said.

But Thompson doesn't let even worst-case scenarios slow him down.

"It's not as important what type of disease a person has, but what type of person has the disease," he said.

That attitude has served the 27-year-old Conesville, Iowa, resident well since he first learned in 2000 that he had Type 1 diabetes. The condition causes the body's immune system to destroy the beta cells of the pancreas that make insulin, Brumage explained. Treatment may include the use of an insulin pump or insulin shots, diet and exercise, as well as strict control of blood pressure and cholesterol.

The most common form of diabetes is Type II or non-insulin-dependent diabetes, he said. While diet, exercise and controlling blood pressure and cholesterol are important to Type II diabetics, an oral medication may be taken to combat the disease, instead of insulin, Brumage said.

Thompson said he was stationed in Kitzigen, Germany with Headquarters and Headquarters Battery, 4th Battalion, 3rd Air Defense Artillery when he first learned of his condition. At first, he says, he thought he had contracted the bronchitis his wife, Beth, was suffering from at the time.

On that crisp fall morning, Thompson set out to go running with a couple of fellow soldiers, but quickly realized something was wrong. Something was very out of synch for the Soldier who says he normally earned maximum scores on his Army physical fitness tests.

"We started at a warm-up pace and I almost passed out," Thompson recalled.

"I had all the classic signs of diabetes," Thompson said. "I was drinking excessively amounts of liquid. I would be walking around with my stomach sloshing and I would still be thirsty."

"I was going to the bathroom every hour."

Along with excessive thirst, frequent urination and blurry vision, the then-sergeant suffered from serious fatigue.

"I would go up a flight of stairs and felt like I had done a PT (physical fitness) test," Thompson said.

Then there was the rapid weight loss. He dropped 40 pounds from his 6-foot frame during the first month that he was diagnosed with the disease. Although Thompson says he resisted going to the

aid station when he fell ill that autumn morning, his running partners insisted on it -- and he's grateful they did. Had he not heeded their orders, he might not be alive today.

1st Sgt. Dean Barbee of the division Headquarters and Headquarters Company was a sergeant first class at the time he told medics he thought Thompson might have diabetes. Barbee's wife is a Type 1 diabetic.

"It wasn't even a medic who diagnosed me with having diabetes," Thompson said of Barbee. "It was a 14 Romeo (an air defense artillery crewmember)."

But doctors soon confirmed what Barbee already suspected.

"When they threw out the word disease, my head snapped around," he recalled of first learning that he was diabetic. "I thought, 'I'm 23 years old. I don't have a disease.'"

As the doctors had worked up that official diagnosis, Thompson was treated for Type II diabetes with oral medication. He was also advised to diet and exercise. Before he began injecting himself with insulin, the sergeant was forced to take six pills at breakfast, four at lunch and another six at dinner. He also had to be sure he took in at least 75 per meal.

"The main concern in the initial stages (is) getting your blood sugar under control," Thompson said.

His was far out of control. Initial tests put it at 660 -- high enough to send him into a diabetic coma. He was immediately admitted to the emergency room at Wuerzburg, Germany's 67th Combat Support Hospital and given several shots of insulin.

A normal blood sugar level ranges between 70 and 140. Thompson shoots for 110.

A Soldier since, May 1996, Thompson says he wanted to make the Army a career, but thought his diagnosis would put an end to that goal. But he wasn't going to give up easily.

"I love the Army," he said. "I fought to stay in."

After going before a medical review board, Thompson was found fit for duty. Five months later, the division got word that it was going to Iraq. Thompson says he did a lot of research on diabetes and heat in an effort to bolster his argument that he should be allowed to deploy. He also found a "Frio pouch" designed to keep his temperature-sensitive insulin cool.

But while the pouch could keep his medication cool, it couldn't protect his insulin pump from the 50 pounds of gear he wears here. When the weight of his body armor broke the pump, Thompson was forced to give himself injections by hand for three weeks.

"The heat has yet to affect me medically," Thompson said.

In fact, Kuhar said Thompson has done exceptionally well during his deployment.

He said Thompson has always "taken a proactive approach to managing his diabetes which is why I had very few reservations about his deployment to Iraq."

"At no time has his diabetes affected his ability to accomplish any mission he was given."

"We did not have to make any special provisions for Staff Sgt. Thompson," he added. "However, he was required to make contact with the medical facilities in Kuwait and Iraq to ensure they had the correct insulin for him."

Still, Kuhar insisted Thompson get the division surgeon's approval before he could deploy. Kuhar said Thompson also brought along a six-month supply of insulin and medical supplies.

"In addition to that I told him he could purchase whatever equipment he needed that would protect his insulin," Kuhar said.

Brumage said Thompson "is the only insulin-dependent diabetic in the 1st Infantry Division who deployed, and maybe the only active-duty insulin-dependent diabetic in the entire 1st Infantry Division."

"He is an exception -- a one-in-a-million diabetic -- who knows his body and how to control his diabetes as well as, or better than, any physician," Brumage said.

The surgeon said he originally told Thompson "there was no way he could deploy" into the extreme heat where he could very likely face irregular access to food and other serious complications of his disease. But he has since learned otherwise.

"He proved to me that he was more than capable to handle the rigors of deployment with diabetes,"

Brumage said. "He keeps a running log of his diet and blood sugars and has an impressive knowledge of all the complications of diabetes."

"Had he not impressed me so much with his self-care and motivation I would have not allowed him to deploy," the colonel said. "He has done exceptionally well."

